

Data Management Report

January 2016

Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1	East	1943	1951	1950	1953	1962	1963						
2	Middle	1888	1890	1884	1892	1889	1889						
3	West	1084	1086	1091	1092	1097	1101						
4	Statewide	4915	4927	4925	4937	4948	4953	0	0	0	0	0	0
Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Approved waiver participants per calendar year.		5072	5072	5072	5072	5072	5072						
5	Unduplicated waiver participants.	4947	4976	4981	4998	5024	5043						
6	# of slots remaining for calendar year	125	96	91	74	48	29	0	0	0	0	0	0
CAC Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
7	East	515	518	515	513	514	509						
8	Middle	554	551	549	551	550	544						
9	West	747	748	748	745	744	742						
10	Statewide	1816	1817	1812	1809	1808	1795	0	0	0	0	0	0
Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
11	Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923						
12	Unduplicated waiver participants.	1828	1830	1831	1833	1838	1838						
13	# of slots remaining for calendar year	95	93	92	90	85	85	0	0	0	0	0	0
SD Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
14	East	386	389	396	396	402	405						
15	Middle	441	443	449	451	456	457						
16	West	337	335	337	339	339	338						
17	Statewide	1164	1167	1182	1186	1197	1200	0	0	0	0	0	0
Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
18	Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
19	Unduplicated waiver participants.	1202	1215	1234	1247	1259	1266						
20	# of slots remaining for calendar year	600	587	568	555	543	536						
The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.													
DIDD Demographics Full State Funded (CS Tracking)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
21	East	4	4	4	4	4	4						
22	Middle	1	1	1	1	1	1						
23	West	1	1	1	1	1	1						
24	HJC FAU (Forensic)	6	5	5	5	5	5						
25	HJC BSU (Behavior)	4	4	4	4	3	4						
26	Statewide	16	15	15	15	14	15	0	0	0	0	0	0
The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.													
DIDD recipients in private ICF/IID receiving state funded ISC srvs		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
27	East	63	63	64	64	61	63						
28	Middle	32	30	32	36	39	40						
29	West	0	0	0	0	0	0						
30	Statewide	95	93	96	100	100	103	0	0	0	0	0	0
Developmental Center census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
31	GVDC	86	84	81	75	68	68						
32	CBDC	15	6	6	6	0	0						
33	HJC- Day One (ICF)	5	6	6	6	6	6						
34	Total	106	96	93	87	74	74	0	0	0	0	0	0
DIDD community homes ICF/IID census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
35	East	63	63	63	63	63	61						
36	Middle	18	28	28	28	34	34						
37	West	48	48	48	48	48	48						
38	TOTAL	129	139	139	139	145	143	0	0	0	0	0	0
DIDD SERVICE CENSUS*		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
39	Total receiving DIDD funded services	8241	8254	8262	8273	8286	8283	0	0	0	0	0	0

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

A Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
1	CAC	1	2	1	2	5	0							11
2	SD Waiver	12	13	19	13	12	7							76
3	Statewide Waiver	23	20	15	18	26	19							121
4	Total Waiver Enrollments	36	35	35	33	43	26							208
CAC Waiver Enrollments		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
5	CAC	1	2	0	1	4	0							8
6	East	1	2	0	1	4	0							8
7	Middle	0	0	1	0	1	0							2
8	West	0	0	0	1	0	0							1
9	Grand Total CAC Waiver	1	2	1	2	5	0							11
SD Waiver Enrollments		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
10	East	3	5	7	3	6	4							28
11	Middle	6	6	7	5	5	3							32
12	West	3	2	5	5	1	0							16
13	Grand Total SD Waiver	12	13	19	13	12	7							76
SD Waiver Aging Caregiver		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
Aging Caregiver is included in Total														
East		0	2	2	0	2	2							8
Middle		0	1	0	2	1	0							4
West		0	1	2	0	1	0							4
Total		0	4	4	2	4	2							16
Statewide Waiver Enrollments by Referral Source														
Crisis		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
14	East	5	2	3	1	11	2							24
15	Middle	2	6	4	4	2	1							19
16	West	3	5	4	3	1	5							21
17	Total	10	13	11	8	14	8							64
Secondary Enrollment Source of Crisis:														
APS		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
18	East	0	1	0	1	1	0							3
19	Middle	0	1	1	0	0	0							2
20	West	0	0	0	1	0	0							1
21	Total	0	2	1	2	1	0							6
CHOICES		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
22	East	0	0	0	0	0	0							0
23	Middle	0	0	1	0	0	0							1
24	West	0	0	0	0	0	0							0
25	Total	0	0	1	0	0	0							1
CORRECTIONAL FACILITY		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
26	East	0	0	0	0	0	0							0
27	Middle	0	0	0	0	0	0							0
28	West	0	0	1	0	0	0							1
29	Total	0	0	1	0	0	0	0	0	0	0	0	0	1

30	East	1	0	0	1	2	2									6
31	Middle	4	0	0	0	0	0									4
32	West	0	1	1	2	1	0									5
33	Total	5	1	1	3	3	2									15

[illegible]

	ICF Transfer Enrollments	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
37	East	1	1	0	0	0	0							2
38	Middle	0	0	0	0	0	0							0
39	West	1	0	0	0	3	0							4
40	Total	2	1	0	0	3	0	0	0	0	0	0	0	6

MH Enrollments		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
41	East	1	1	0	1	0	0							3
42	Middle	0	0	0	1	0	1							2
43	West	0	0	1	2	2	2							7
44	Total	1	1	1	4	2	3	0	0	0	0	0	0	12

PASRR NON NF		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
45	East	0	0	0	0	0	1							1
46	Middle	0	0	0	0	0	0							0
47	West	0	0	0	0	0	0							0
48	Total	0	0	0	0	0	1	0	0	0	0	0	0	1

PASRR in NF		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
49	East	1	0	0	1	0	1							
50	Middle	2	0	0	0	0	2							
51	West	0	0	0	0	0	0							
52	Total	3	0	0	1	0	3	0	0	0	0	0	0	7

SD Waiver Transfers		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
53	East	1	0	1	0	1	0							3
54	Middle	0	3	0	1	2	1							7
55	West	1	1	1	1	1	1							6
56	Total	2	4	2	2	4	2	0	0	0	0	0	0	16

Total by Region		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
57	East	10	4	4	4	14	6							42
58	Middle	8	9	4	6	4	5							36
59	West	5	7	7	8	8	8							43
60	Grand Total Statewide Waiver	23	20	15	18	26	19	0	0	0	0	0	0	121

Analysis

There were 26 waiver enrollments for December 2015. Seven people enrolled into the SD waiver, of those two were under the Aging Caregiver category. Nineteen people enrolled into the Statewide waiver, eight were in the Crisis category. There were two DCS transitions, three MH transitions, one non NF PASRR and three NF PASSR transitions, and two SD Waiver transfers.

B Waiver Disenrollments

CAC Waiver		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
61	Voluntary	0	0	1	0	0	0							1
62	Involuntary- Death	4	3	5	8	6	9							35
63	Involuntary- Safety	0	0	0	0	0	0							0
64	Involuntary- Incarceration	0	0	0	0	0	0							0
65	Involuntary- NF > 90 Days	0	0	0	0	0	1							1
66	Involuntary- Out of State	0	0	0	0	0	0							0
67	Total Disenrolled	4	3	6	8	6	10	0	0	0	0	0	0	37
SD Waiver		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
68	Voluntary	1	0	3	0	0	4							8
69	Involuntary- Death	0	1	2	0	1	0							4
70	Involuntary- Safety	0	0	0	0	0	0							0
71	Involuntary- Incarceration	0	0	0	0	0	0							0
72	Involuntary- NF > 90 Days	0	0	0	1	0	1							2
73	Involuntary- Out of State	0	1	1	1	1	0							4
74	Total Disenrolled	1	2	6	2	2	5	0	0	0	0	0	0	18
Statewide Waiver		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
75	Voluntary	4	0	0	1	2	1							8
76	Involuntary- Death	6	6	10	4	9	9							44
77	Involuntary- Safety	0	0	0	0	0	0							0
78	Involuntary- Incarceration	0	0	0	0	0	0							0
79	Involuntary- NF > 90 Days	0	0	0	0	0	0							0
80	Involuntary- Out of State	0	2	0	2	0	0							4
81	Total Disenrolled	10	8	10	7	11	10	0	0	0	0	0	0	56
82	Total Waiver Disenrollments:	15	13	22	17	19	25	0	0	0	0	0	0	111

Analysis:

There were a total of 25 waiver disenrollments for December. Ten from the CAC waiver, five from the SD waiver, of which three were transfers into the Statewide waiver, and 10 from the Statewide waiver.

C Developmental Center-to-Community Transitions Report

Census reflects the number of people in the facility on the last day of the month.

Greene Valley		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
83	Census [June 2015 88]	86	83	81	75	68	68							
Discharges														
84	Death	0	0	0	1	0	0							1
85	Transition to another dev center	0	0	0	0	0	0							0
86	Transition to community state ICF	0	0	1	0	0	0							1
87	Transition to private ICF	1	1	1	4	3	0							10
88	Transition to waiver program	1	2	0	1	4	0							8
89	Transition to non DIDD srvs	0	0	0	0	0	0							0
90	Total Discharges	2	3	2	6	7	0							20
Clover Bottom		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
91	Census [June 2015 18]	16	6	6	6	0	0	0	0	0	0	0	0	
Discharges														
92	Death	0	0	0	0	0	0	0	0	0	0	0	0	0
93	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
94	Transition to community state ICF	2	10	0	0	6	0	0	0	0	0	0	0	18
95	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
96	Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
97	Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0	0	0
98	Total Discharges	2	10	0	0	0	0	0	0	0	0	0	0	12
Harold Jordan Center		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
99	Census [June 2015 14]	15	15	15	15	14	15							
Admissions														
100	HJC Day One (ICF)	0	1	0	0	0	0							1
101	HJC FAU (SF)	1	0	0	0	1	0							2
102	HJC BSU (SF)	0	0	1	0	1	1							3
103	Total Admissions	1	1	1	0	2	1							6
Discharges														
104	Death	0	0	0	0	0	0							0
105	Transition to community state ICF	0	0	0	0	0	0							0
106	Transition to private ICF	0	0	0	0	0	0							0
107	Transition to waiver program	0	1	1	0	1	0							3
108	Transition back to community	0	0	0	0	0	0							0
109	Total Discharges	0	1	1	0	1	0							3
East Public ICF Homes		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
110	Census [June 2015 63]	63	63	63	63	63	61							
111	Admissions	0	0	1	0	0	0							1
Discharges														
112	Death	0	0	1	0	0	2							3
113	Transition to another dev center	0	0	0	0	0	0							0
114	Transition to community state ICF	0	0	0	0	0	0							0
115	Transition to private ICF	0	0	0	0	0	0							0
116	Transition to waiver program	0	0	0	0	0	0							0
117	Transition to non DIDD srvs	0	0	0	0	0	0							0
118	Total Discharges	0	0	1	0	0	2							3

Middle Public ICF Homes		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
119	Census [June 2015 16]	18	28	28	28	34	34							
120	Admissions	2	10	0	0	6	0							6
Discharges														
121	Death	0	0	0	0	0	0							0
122	Transition to another dev center	0	0	0	0	0	0							0
123	Transition to public state ICF	0	0	0	0	0	0							0
124	Transition to private ICF	0	0	0	0	0	0							0
125	Transition to waiver program	0	0	0	0	0	0							0
126	Transition to non DIDD srvs	0	0	0	0	0	0							0
127	Total Discharges	0	0	0	0	0	0							0
West Public ICF Homes		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
128	Census [June 2015 47]	48	48	48	48	48	48							
129	Admissions	0	0	0	0	0	0							0
Discharges														
130	Death	0	0	0	0	0	0							0
131	Transition to another dev center	0	0	0	0	0	0							0
132	Transition to public state ICF	0	0	0	0	0	0							0
133	Transition to private ICF	0	0	0	0	0	0							0
134	Transition to waiver program	0	0	0	0	0	0							0
135	Transition to non DIDD srvs	0	0	0	0	0	0							0
136	Total Discharges	0	0	0	0	0	0							0

Analysis:

There was one admission to HJC. ETCH had two discharges. No other census changes occurred.

STATEWIDE DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	92	95	78	81	80	80	0	0	0	0	0	0
# of Urgent cases	407	396	398	396	384	376	0	0	0	0	0	0
# of Active cases	3766	3694	3651	3571	3542	3474	0	0	0	0	0	0
# of Deferred cases	1975	2002	2030	2062	2085	2135	0	0	0	0	0	0
Wait List Total	6240	6187	6157	6110	6091	6065	0	0	0	0	0	0
June 2015 - 6277												
Monthly net effect	-37	-53	-30	-47	-19	-26		0	0	0	0	0
Additions												FY Total
Crisis cases added	11	10	5	3	15	6	0	0	0	0	0	50
Urgent cases added	15	12	14	14	13	13	0	0	0	0	0	81
Active cases added	23	23	19	18	16	20	0	0	0	0	0	119
Deferred cases added	16	10	12	12	15	10	0	0	0	0	0	75
Total # Added	65	55	50	47	59	49	0	0	0	0	0	325
Removals												
For Enrollment into the SD Waiver	8	10	19	13	21	6	0	0	0	0	0	77
For Enrollment into the Statewide Waiver	16	19	15	15	28	17	0	0	0	0	0	110
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	0	0	0	0	1
Moved into a Private ICF home	3	1	2	0	0	1	0	0	0	0	0	7
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0	0	0	0
Deceased	5	4	7	1	1	3	0	0	0	0	0	21
Moved out of state	4	3	4	3	3	6	0	0	0	0	0	23
Not eligible for services	0	2	1	0	1	1	0	0	0	0	0	5
Other	0	1	0	1	2	1	0	0	0	0	0	5
Receiving other funded services	1	0	1	0	1	0	0	0	0	0	0	3
Requested to be removed	2	6	3	1	7	6	0	0	0	0	0	25
Unable to locate	64	62	28	60	13	34	0	0	0	0	0	261
Total Number Removed this Month	103	108	80	94	78	75	0	0	0	0	0	538
Monthly Snapshot												
Comparison	East	Middle	West	Statewide								
Crisis	29	37	14	80	Added	East	Middle	West	Statewide			
Urgent	221	152	3	376	Crisis	2	3	1	6			
Active	1218	1109	1147	3474	Urgent	4	6	3	13			
Deferred	689	730	716	2135	Active	10	6	4	20			
WL Total	2157	2028	1880	6065	Deferred	3	5	2	10			
					WL Total	19	20	10	49			
EAST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	31	25	21	27	27	29						
# of Urgent cases	217	217	227	230	223	221						
# of Active cases	1309	1279	1269	1225	1218	1218						
# of Deferred cases	682	684	686	688	689	689						
Wait List Total	2239	2205	2203	2170	2157	2157	0	0	0	0	0	0
June 2015 -2259												
Net effect on Grand Total List	-20	-34	-2	-33	-13	0		0	0	0	0	0
Additions												FY Total
# of Crisis cases added	3	3	3	1	5	2						17
# of Urgent cases added	7	6	8	11	4	4						40
# of Active cases added	10	12	8	8	5	10						53
# of Deferred cases added	8	5	5	9	4	3						34
Total # Added to the Wait List	28	26	24	29	18	19	0	0	0	0	0	144
Removals												
For Enrollment into the SD Waiver	3	5	7	3	6	4						28
For Enrollment into the Statewide Waiver	10	8	3	5	12	7						45
For Enrollment into the CAC Waiver	0	0	0	0	0	0						0
Moved into Private ICF home	1	0	1	0	0	1						3

Moved into DIDD ICF home	0	0	0	0	0	0							0
Deceased	2	3	2	0	1	1							9
Moved out of state	1	0	1	3	3	4							12
Not eligible for services	0	1	1	0	1	1							4
Other	0	0	0	0	0	0							0
Receiving other funded services	0	0	0	0	0	0							0
Requested to be removed	0	0	0	0	0	1							1
Unable to locate	32	43	11	52	8	0							146
Total Number Removed this Month	49	60	26	63	31	19	0	0	0	0	0	0	248
MIDDLE REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	
# of Crisis cases	46	47	41	41	37	37							
# of Urgent cases	174	165	156	159	159	152							
# of Active cases	1202	1166	1161	1155	1154	1109							
# of Deferred cases	654	683	686	685	685	730							
Wait List Total	2076	2061	2044	2040	2035	2028	0	0	0	0	0	0	
June 2015 -2100													
Net effect on Grand Total List	-24	-15	-17	-4	-5	-7		0	0	0	0	0	0

Additions													FY Total
# of Crisis cases added	5	4	1	1	5	3							19
# of Urgent cases added	3	5	4	3	8	6							29
# of Active cases added	2	4	3	5	4	6							24
# of Deferred cases added	2	4	3	0	2	5							16
Total # Added to the Wait List	12	17	11	9	19	20	0	0	0	0	0	0	88

Removals													
For Enrollment into the SD Waiver	1	3	6	7	13	2							32
For Enrollment into the Statewide Waiver	3	9	6	5	8	4							35
For Enrollment into the CAC Waiver	0	0	0	0	1	0							1
Moved into Private ICF home	1	1	0	0	0	0							2
Moved into DIDD ICF home	0	0	0	0	0	0							0
Deceased	2	1	3	0	0	2							8
Moved out of state	3	1	1	0	0	2							7
Not eligible for services	0	1	0	0	0	0							1
Other	0	0	0	0	1	0							1
Receiving other funded services	0	0	0	0	0	0							0
Requested to be removed	1	3	2	1	1	4							12
Unable to locate	24	14	10	0	0	13							61
Total Number Removed this Month	35	33	28	13	24	27	0	0	0	0	0	0	160

WEST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	15	23	16	13	16	14						
# of Urgent cases	16	14	15	7	2	3						
# of Active cases	1255	1249	1221	1191	1170	1147						
# of Deferred cases	639	635	658	689	711	716						
Wait List Total	1925	1921	1910	1900	1899	1880	0	0	0	0	0	0

June 2015 -1918

Net effect on Grand												
Total List	7	-4	-11	-10	-1	-19		0	0	0	0	0

Additions													FY Total
# of Crisis cases added	3	3	1	1	5	1							14
# of Urgent cases added	5	1	2	0	1	3							12
# of Active cases added	11	7	8	5	7	4							42
# of Deferred cases added	6	1	4	3	9	2							25
Total # Added to the Wait List	25	12	15	9	22	10	0	0	0	0	0	0	93

Removals

For Enrollment into the SD Waiver	4	2	6	3	2	0							17
For Enrollment into the Statewide Waiver	3	2	6	5	8	6							30
For Enrollment into the CAC Waiver	0	0	0	0	0	0							0
Moved into Private ICF home	1	0	1	0	0	0							2
Moved into DIDD ICF home	0	0	0	0	0	0							0
Deceased	1	0	2	1	0	0							4
Moved out of state	0	2	2	0	0	0							4
Not eligible for services	0	0	0	0	0	0							0
Other	0	1	0	1	1	1							4
Receiving other funded services	1	0	1	0	1	0							3
Requested to be removed	1	3	1	0	6	1							12
Unable to locate	8	5	7	8	5	21							54
Total Number Removed this Month	19	15	26	18	23	29	0	0	0	0	0	0	130

D

Protection From Harm/ Complaint Resolution

Data Source:

Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.

Complaints by Source- Self Determination Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1 Total # of Complaints	0	1	1	0	0	1						
2 # from TennCare	0	0	0	0	0	0						
3 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A						
4 # from a Concerned Citizen	0	0	0	0	0	0						
5 % from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A						
6 # from the Waiver Participant	0	0	0	0	0	0						
7 % from the Waiver Participant	N/A	N/A	N/A	N/A	N/A	N/A						
8 # from a Family Member	0	1	1	0	0	0						
9 % from a Family Member	N/A	100%	100%	N/A	N/A	N/A						
10 # from Conservator	0	0	0	0	0	1						
11 % from Conservator	N/A	N/A	0%	N/A	N/A	100%						
13 # Advocate (Paid)	0	0	0	0	0	0						
14 % from Advocate (Paid)	N/A	N/A	0%	N/A	N/A	N/A						
15 # from PTP Interview	0	0	0	0	0	0						
16 % from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Source - Statewide Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
17 Total # of Complaints	3	12	6	6	7	2						
18 # from TennCare	0	0	0	0	0	0						
19 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A						
20 # from a Concerned Citizen	0	0	3	1	0	1						
21 % from a Concerned Citizen	N/A	N/A	50%	17%	N/A	50%						
22 # from the Waiver Participant	1	0	0	0	1	0						
23 % from the Waiver Participant	33%	N/A	N/A	N/A	14%	N/A						
24 # from a Family Member	0	1	1	4	2	1						
25 % from a Family Member	N/A	8%	17%	67%	29%	50%						
26 # from Conservator	1	11	2	1	0	0						
27 % from Conservator	33%	92%	33%	17%	N/A	N/A						
28 # Advocate (Paid)	0	0	0	0	0	0						
29 % from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A						
30 # from PTP Interview	1	0	0	0	4	0						
31 % from PTP Interview	33%	N/A	N/A	N/A	57%	N/A						

Complaints by Source - CAC	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
32 Total # of Complaints	1	2	6	2	3	5						
33 # from TennCare	0	0	0	0	0	0						
34 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A						
35 # from a Concerned Citizen	0	1	2	2	0	1						
36 % from a Concerned Citizen	N/A	50%	33%	100%	N/A	20%						
37 # from the Waiver Participant	0	0	1	0	0	0						
38 % from the Waiver Participant	N/A	N/A	17%	N/A	N/A	N/A						
39 # from a Family Member	0	0	1	0	0	0						
40 % from a Family Member	N/A	N/A	17%	N/A	N/A	N/A						
41 # from Conservator	1	1	2	0	2	4						
42 % from Conservator	100%	50%	33%	N/A	67%	80%						
43 # Advocate (Paid)	0	0	0	0	1	0						
44 % from Advocate (Paid)	N/A	N/A	N/A	N/A	33%	N/A						
45 # from PTP Interview	0	0	0	0	0	0						
46 % from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Issue- Self Determination Waiver		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
47	Total Number of Complaints	0	1	1	0	0	1						
48	# Behavior Issues	0	0	0	0	0	0						
49	% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A						
50	# Day Service Issues	0	0	0	0	0	0						
51	% Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A						
52	# Environmental Issues	0	0	0	0	0	0						
53	% Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A						
54	# Financial Issues	0	0	0	0	0	0						
55	% Financial Issues	N/A	N/A	N/A	N/A	N/A	N/A						
56	# Health Issues	0	0	1	0	0	0						
57	% Health Issues	N/A	N/A	100%	N/A	N/A	N/A						
58	# Human Rights Issues	0	1	0	0	0	0						
59	% Human Rights Issues	N/A	100%	N/A	N/A	N/A	N/A						
60	# ISC Issues	0	0	0	0	0	0						
61	% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A						
62	# ISP Issues	0	0	0	0	0	0						
63	% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A						
64	# Staffing Issues	0	0	0	0	0	1						
65	% Staffing Issues	N/A	N/A	N/A	N/A	N/A	100%						
66	# Therapy Issues	0	0	0	0	0	0						
67	% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A						
68	# Transportation Issues	0	0	0	0	0	0						
69	% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A						
70	# Case Management Issues	0	0	0	0	0	0						
71	% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A						
72	# Other Issues	0	0	0	0	0	0						
73	% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Issue - Statewide Waiver		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
74	Total Number of Complaints	3	12	6	6	7	2						
75	# Behavior Issues	0	0	0	0	0	0						
76	% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A						
77	# Day Service Issues	0	0	0	0	0	1						
78	% Day Service Issues	N/A	N/A	N/A	N/A	N/A	50%						
79	# Environmental Issues	0	0	0	2	1	0						
80	% Environmental Issues	N/A	N/A	N/A	33%	14%	N/A						
81	# Financial Issues	0	3	1	1	0	0						
82	% Financial Issues	N/A	25%	17%	17%	N/A	N/A						
83	# Health Issues	0	1	0	0	0	0						
84	% Health Issues	N/A	8%	N/A	N/A	N/A	N/A						
85	# Human Rights Issues	2	2	1	0	2	1						
86	% Human Rights Issues	67%	17%	17%	N/A	29%	50%						
87	# ISC Issues	0	0	0	0	0	0						
88	% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A						
89	# ISP Issues	0	0	0	0	1	0						
90	% ISP Issues	N/A	N/A	N/A	N/A	14%	N/A						
91	# Staffing Issues	1	6	4	3	3	0						
92	% Staffing Issues	33%	50%	67%	50%	43%	N/A						
93	# Therapy Issues	0	0	0	0	0	0						
94	% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A						
95	# Transportation Issues	0	0	0	0	0	0						
96	% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A						
97	# Case Management Issues	0	0	0	0	0	0						
98	% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A						
99	# Other Issues	0	0	0	0	0	0						
100	% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Issue - CAC		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
101	Total Number of Complaints	1	2	6	2	3	5						
102	# Behavior Issues	0	0	0	0	0	0						
103	% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A						
104	# Day Service Issues	0	0	0	0	0	0						
105	% Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A						
106	# Environmental Issues	0	0	0	0	1	0						
107	% Environmental Issues	N/A	N/A	N/A	N/A	33%	N/A						
108	# Financial Issues	0	0	1	1	0	1						
109	% Financial Issues	N/A	N/A	17%	50%	N/A	20%						
110	# Health Issues	0	0	1	0	0	0						
111	% Health Issues	N/A	N/A	17%	N/A	N/A	N/A						
112	# Human Rights Issues	0	0	3	0	0	0						
113	% Human Rights Issues	N/A	N/A	50%	N/A	N/A	N/A						
114	# ISC Issues	0	0	0	0	0	0						
115	% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A						
116	# ISP Issues	0	0	0	0	0	0						
117	% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A						
118	# Staffing Issues	1	2	1	1	2	4						
119	% Staffing Issues	100%	100%	17%	50%	67%	80%						
120	# Therapy Issues	0	0	0	0	1	0						
121	% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A						
122	# Transportation Issues	0	0	0	0	1	0						
123	% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A						
124	# Case Management Issues	0	0	0	0	1	0						
125	% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A						
126	# Other Issues	0	0	0	0	1	0						
127	% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A						

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR December 2015 Report.

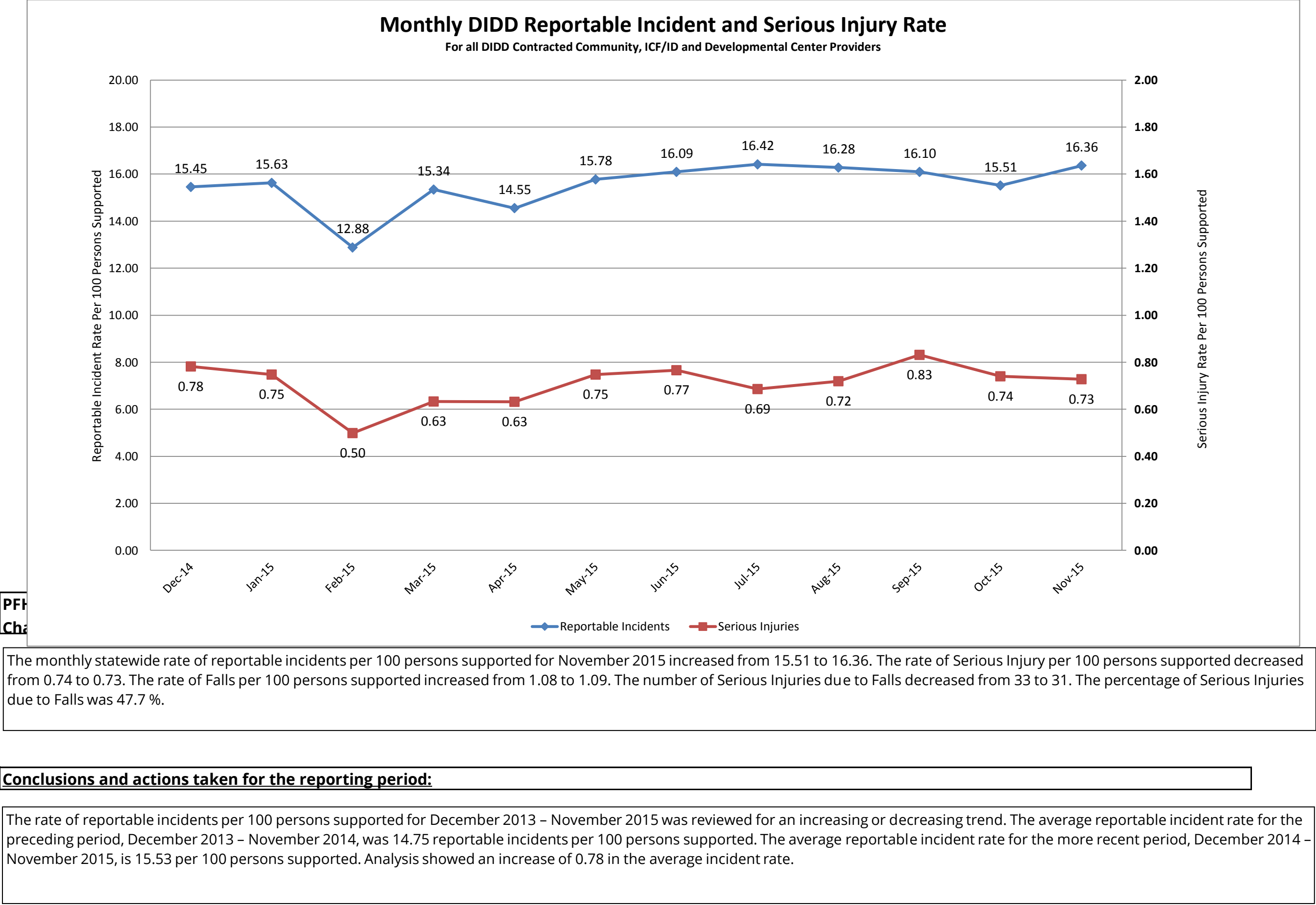
There were 8 complaint issues statewide. This is a decrease of 2 from previous month. There was 1 SD Waiver complaints. There were 5 CAC waiver complaints regarding staffing and financial issues and 2 Statewide Waiver complaints. These issues were resolved without intervention meetings. There were 69 complaint issues between families, people we support and providers which required Advocacy intervention activities. This is an decrease of 6 from November 2015 .The most common intervention issues are resolved when there is a face to face meeting with all involved and solutions are sought in a person centered manner. All 10 complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved staffing, financial, transition issues. These complaints involved complainants being unhappy with providers who did not involve them in their decisions or who did not provide appropriate staffing which indicated that communication could be improved. CFS also resolves issues that arise from the People Talking to People surveys.

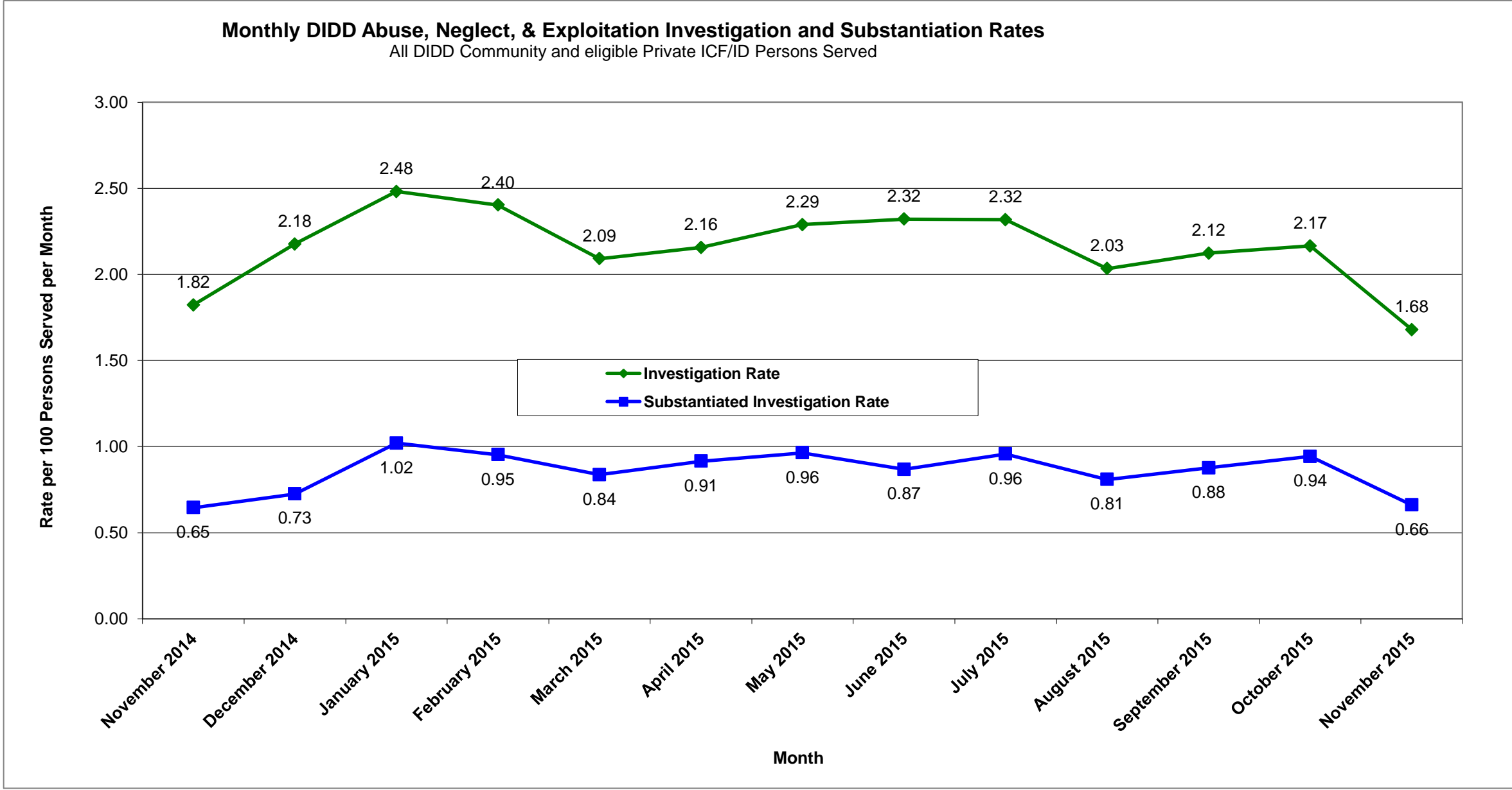
FOCUS GROUPS WERE HELD IN KNOXVILLE, MEMPHIS, GREENEVILLE AND JACKSON PARTICIPATION NUMBERS ARE VERY HIGH IN ALL LOCATIONS. This month each group in Memphis, Jackson and Nashville had large numbers of people at the Christmas party celebrations. There is great team building with providers, staff, regional office staff, Behavioral analysts, ISCs and a few family members.

D Protection From Harm/Incident Management													
Data Source:													
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.													
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.													
Incidents / East	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
1 # of Reportable Incidents	559	590	538	527	535	518							3267
2 Rate of Reportable Incidents per 100 people	17.13	18.05	16.4	16.07	16.34	15.75							16.6
3 # of Serious Injuries	25	25	30	34	24	27							165
4 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.76	0.91	1.04	0.73	0.82							0.8
5 # of Incidents that were Falls	31	37	31	34	24	38							195
6 Rate of Falls per 100 people	0.95	1.13	0.95	1.04	0.73	1.16							1.0
7 # of Falls resulting in serious injury	11	13	14	13	9	14							74
8 % of serious injuries due to falls	44.0%	52.0%	46.7%	38.2%	37.5%	51.9%							45.1%
Incidents / Middle	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
15 # of Reportable Incidents	470	468	529	517	475	492							2951
16 Rate of Reportable Incidents per 100 people	14.83	14.67	16.58	16.21	14.84	15.37							15.4
17 # of Serious Injuries	25	18	25	32	22	21							143
18 Rate of Incidents that were Serious Injuries per 100 people	0.79	0.56	0.78	1.00	0.69	0.66							0.7
19 # of Incidents that were Falls	39	26	32	35	43	35							210
20 Rate of Falls per 100 people	1.23	0.82	1	1.10	1.34	1.09							1.1
## # of Falls resulting in serious injury	13	6	10	12	15	10							66
22 % of serious injuries due to falls	52.0%	33.3%	40.0%	37.5%	68.2%	47.6%							46.4%
Incidents / West	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
29 # of Reportable Incidents	401	401	382	390	373	452							2399
30 Rate of Reportable Incidents per 100 people	16.43	16.50	15.71	16.00	15.30	18.52							16.4
31 # of Serious Injuries	18	18	9	13	20	17							95
33 Rate of Incidents that were Serious Injuries per 100 people	0.74	0.74	0.37	0.53	0.82	0.7							0.7
37 # of Incidents that were Falls	21	28	21	28	29	24							151
39 Rate of Falls per 100 people	0.86	1.15	0.86	1.15	1.19	0.98							1.0
40 # of Falls resulting in serious injury	8	8	6	1	9	7							39
41 % of serious injuries due to falls	44.4%	44.4%	66.7%	7.7%	45.0%	41.2%							41.6%

D Protection From Harm/Incident Management													
Incidents / Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
44 # of Reportable Incidents	1430	1459	1449	1434	1383	1462							8617
45 Rate of Reportable Incidents per 100 people	16.12	16.42	16.28	16.1	15.51	16.36							16.1
46 # of Serious Injuries	68	61	64	79	66	65							403
47 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.69	0.72	0.89	0.74	0.73							0.8
48 # of Incidents that were Falls	91	91	84	97	96	97							556
49 Rate of Falls per 100 people	1.03	1.02	0.94	1.09	1.08	1.09							1.0
50 # of Falls resulting in serious injury	32	27	30	26	33	31							179
51 % of serious injuries due to falls	47.1%	44.3%	46.9%	32.9%	50.0%	47.7%							44.8%



D	Protection From Harm/Investigations		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
	East Region		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1	Census		3263	3268	3280	3280	3275	3288						
2	# of Investigations		65	69	57	61	55	47						
3	Rate of Investigations per 100 people		1.99	2.11	1.74	1.86	1.68	1.43						
4	# of Substantiated Investigations		23	28	22	22	27	19						
5	Rate of Substantiated Investigations per 100 people		0.70	0.86	0.67	0.67	0.82	0.58						
6	Percentage of Investigations Substantiated		35%	41%	39%	36%	49%	40%						
7	Middle Region		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
8	Census		3170	3190	3191	3191	3201	3201						
9	# of Investigations		78	67	64	71	64	54						
10	Rate of Investigations per 100 people		2.46	2.10	2.01	2.23	2.00	1.69						
11	# of Substantiated Investigations		30	28	28	31	33	25						
12	Rate of Substantiated Investigations per 100 people		0.95	0.88	0.88	0.97	1.03	0.78						
13	Percentage of Investigations Substantiated		38%	42%	44%	44%	52%	46%						
	West Region		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
14	Census		2440	2430	2431	2431	2438	2441						
7/30/2014	# of Investigations		63	70	60	57	74	49						
16	Rate of Investigations per 100 people		2.58	2.88	2.47	2.34	3.04	2.01						
17	# of Substantiated Investigations		24	29	22	25	24	15						
18	Rate of Substantiated Investigations per 100 people		0.98	1.19	0.90	1.03	0.98	0.61						
19	Percentage of Investigations Substantiated		38%	41%	37%	44%	32%	31%						
	Statewide		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
20	Census		8873	8888	8902	8902	8914	8935						
21	# of Investigations		206	206	181	189	193	150						
22	Rate of Investigations per 100 people		2.32	2.32	2.03	2.12	2.17	1.68						
23	# of Substantiated Investigations		77	85	72	78	84	59						
24	Rate of Substantiated Investigations per 100 people		0.87	0.96	0.81	0.88	0.94	0.66						
25	Percentage of Investigations Substantiated		37%	41%	40%	41%	44%	39%						



D	Protection From Harm/Investigations
Analysis:	
<div><div>PFH Analysis: Investigations</div><div>Chart: Monthly Rates: Investigations Opened/Substantiated</div><p>During the month of November, 2015, 150 investigations were completed across the State. Forty-seven (47) of these originated in the East Region, fifty-four (54) in the Middle Region, and forty-nine (49) in the West Region.</p><p>Statewide, investigations were opened at a rate of 1.68 investigations per 100 people served, which is a slight decrease from the previous month. The East Region opened investigations at a rate of 1.43 investigations per 100 people served. The Middle Region opened investigations at a rate of 1.69 investigations per 100 people served. The West Region opened investigations at a rate of 2.01 per 100 people served. The West Region opened investigations at a higher rate this month. Previously the West Region has consistently opened investigations at a higher rate.</p><p>Fifty-nine (59), or 39%, of the 150 investigations opened statewide in November, 2015, were substantiated for abuse, neglect, or exploitation. This was a slight decrease compared to the prior reporting period, which was 44%. The West Region substantiated the lowest percentage of investigations 31% (15 substantiated investigations), compared to the 40% substantiated in the East Region (19 substantiated investigations) and the 46% substantiated in the Middle Region (25 substantiated investigations). The West Region had the lowest number of substantiated investigations in the previous reporting month, at 24.</p><p>These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was 0.66 during November, 2015. The Middle Region substantiated investigations at the highest rate per 100 substantiating 0.78 investigations per 100 people served. The Middle Region showed a slight decrease from 1.03 to 0.78. The West Region substantiated investigations at a rate of 0.61 per 100 people served in its region. The West region showed a slight decrease from 0.98 to 0.61. The East Region substantiated investigations at a rate of 0.58 per 100 people served in its region. The East Region showed a slight decrease from 0.82 to 0.58.</p></div>	

E	Due Process / Freedom of Choice												
Data Source:													
Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.													
	East Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1	SERVICE REQUESTS												
2	Total Service Requests Received	2667	2663	2620	2449	2539	2285						
3	Total Adverse Actions (Incl. Partial Approvals)	67	76	75	52	54	67						
4	% of Service Requests Resulting in Adverse Actions	3%	3%	3%	2%	2%	3%						
5	Total Grier denial letters issued	53	53	47	36	34	38						
6	APPEALS RECEIVED												
7	DELIVERY OF SERVICE												
8	Delay	0	0	0	1	1	0						
9	Termination	0	0	0	0	0	0						
10	Reduction	0	0	0	0	0	0						
11	Suspension	0	0	0	0	0	0						
12	Total Received	0	0	0	1	1	0						
13	DENIAL OF SERVICE												
14	Total Received	3	1	2	8	1	3						
7/30/2014	Total Grier Appeals Received	3	1	2	9	2	3						
16	Total Non-Grier Appeals Received	1	0	0	2	0	1						
17	Total appeals overturned upon reconsideration	0	0	0	0	0	0						
18	TOTAL HEARINGS	3	2	4	3	1	5						
19	DIRECTIVES												
20	Directive Due to Notice Content Violation	0	0	0	0	0	0						
21	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0						
22	Other	0	0	0	0	0	0						
23	Total Directives Received	0	0	0	0	0	0						
24	Overtured Directives	0	0	0	0	0	0						
25	MCC Directives	0	0	0	0	0	0						
26	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
27	LATE RESPONSES												
28	Total Late Responses	0	0	0	0	0	0						
29	Total Days Late	0	0	0	0	0	0						
30	Total Fines Accrued (Estimated)	0	0	0	0	0	0						
31	DEFECTIVE NOTICES												
32	Total Defective Notices Received	0	0	0	0	0	0						
33	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
34	*fine amount is based on timely responses					0	0						
35	PROVISION OF SERVICES												
36	Delay of Service Notifications Sent (New)	0	0	3	2	0	0						
37	Continuing Delay Issues (Unresolved)	0	0	0	1	1	1						

38	Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0						
39	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0						

	Middle Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
40	SERVICE REQUESTS												
41	Total Service Requests Received	2558	2217	2191	2084	2289	2617						
42	Total Adverse Actions (Incl. Partial Approvals)	73	87	46	32	74	124						
43	% of Service Requests Resulting in Adverse Actions	3%	4%	2%	2%	3%	5%						
44	Total Grier denial letters issued	46	63	40	34	32	41						
45	APPEALS RECEIVED												
46	DELIVERY OF SERVICE												
47	Delay	1	0	0	0	0	0						
48	Termination	0	0	0	0	0	0						
49	Reduction	0	0	0	0	0	0						
50	Suspension	0	0	0	0	0	0						
51	Total Received	1	0	0	0	0	0						
52	DENIAL OF SERVICE												
53	Total Received	8	3	0	2	1	1						
54	Total Grier Appeals Received	9	3	0	2	1	1						
55	Total Non-Grier Appeals Received	0	0	0	0	0	0						
56	Total appeals overturned upon reconsideration	0	2	0	0	0	0						
57													
58	TOTAL HEARINGS	0	2	1	1	1	2						
59	DIRECTIVES												
60	Directive Due to Notice Content Violation	0	0	0	0	0	0						
61	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0						
62	Other	0	0	0	0	0	0						
63	Total Directives Received	0	0	0	0	0	0						
64	Overturned Directives	0	0	0	0	0	0						
65	MCC Directives	0	0	0	0	0	0						
66	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
67	LATE RESPONSES												
68	Total Late Responses	0	0	0	0	0	0						
69	Total Days Late	0	0	0	0	0	0						
70	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
71	DEFECTIVE NOTICES												
72	Total Defective Notices Received	0	0	0	0	0	0						
73	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
74	*fine amount is based on timely responses					0	0						
75	PROVISION OF SERVICES												
76	Delay of Service Notifications Sent (New)	0	0	0	0	0	0						
77	Continuing Delay Issues (Unresolved)	0	0	0	0	0	0						
78	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0						
79	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						

	West Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
80	SERVICE REQUESTS												
81	Total Service Requests Received	2426	2327	2578	2183	2425	1780						
82	Total Adverse Actions (Incl. Partial Approvals)	231	137	116	166	146	101						
83	% of Service Requests Resulting in Adverse Actions	10%	6%	5%	8%	6%	6%						
84	Total Grier denial letters issued	125	117	105	115	96	91						
85	APPEALS RECEIVED												
86	DELIVERY OF SERVICE												
87	Delay	0	0	0	0	0	0						
88	Termination	0	0	0	0	0	0						
89	Reduction	0	0	0	0	0	0						
90	Suspension	0	0	0	0	0	0						
91	Total Received	0	0	0	0	0	0						
92	DENIAL OF SERVICE												
93	Total Received	10	12	11	5	7	7						
94	Total Grier Appeals Received	10	12	11	5	7	7						
95	Total Non-Grier Appeals Received	0	0	0	0	0	0						
96	Total appeals overturned upon reconsideration	3	4	5	4	3	1						
97	TOTAL HEARINGS	2	4	9	5	4	2						
98	DIRECTIVES												
99	Directive Due to Notice Content Violation	0	0	0	0	0	0						
100	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0						
101	Other	0	0	2	0	0	0						
102	Total Directives Received	2	1	2	0	0	0						
103	Overtured Directives	0	0	0	0	0	0						
104	MCC Directives	0	0	0	0	0	0						
105	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
106	LATE RESPONSES												
107	Total Late Responses	0	0	0	0	0	0						
108	Total Days Late	0	0	0	0	0	0						
109	Total Fines Accrued (Estimated)	0	0	0	0	0	0						
110	DEFECTIVE NOTICES												
111	Total Defective Notices Received	0	0	0	0	0	0						
112	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
113	*fine amount is based on timely responses												
114	PROVISION OF SERVICES												
115	Delay of Service Notifications Sent (New)	2	0	1	2	3	3						
116	Continuing Delay Issues (Unresolved)	1	3	2	2	2	4						
117	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0						
118	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						

	Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
119	SERVICE REQUESTS												
120	Total Service Requests Received	7651	7207	7389	6716	7253	6682						
121	Total Adverse Actions (Incl. Partial Approvals)	371	300	237	250	274	292						
122	% of Service Requests Resulting in Adverse Actions	5%	4%	3%	4%	4%	4%						
123	Total Grier denial letters issued	224	233	192	185	162	170						
124	APPEALS RECEIVED												
125	DELIVERY OF SERVICE												
126	Delay	1	0	0	1	1	0						
127	Termination	0	0	0	0	0	0						
128	Reduction	0	0	0	0	0	0						
129	Suspension	0	0	0	0	0	0						
130	Total Received	1	0	0	1	1	0						
131	DENIAL OF SERVICE												
132	Total Received	21	16	13	15	9	11						
133	Total Grier Appeals Received	22	16	13	16	10	11						
134	Total Non-Grier Appeals Received	1	0	0	2	0	1						
135	Total appeals overturned upon reconsideration	3	6	5	4	3	1						
136	TOTAL HEARINGS	5	6	10	6	6	9						
137	DIRECTIVES												
138	Directive Due to Notice Content Violation	0	0	0	0	0	0						
139	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0						
140	Other	0	0	2	0	0	0						
141	Total Directives Received	2	1	2	0	0	0						
142	Overturned Directives	0	0	0	0	0	0						
143	MCC Directives	0	0	0	0	0	0						
144	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
145	Cost Avoidance (Total Month- Estimated)	\$0	\$0	\$68,345	\$106,892	\$65,179	\$2,187						
146	Cost Avoidance (FY 2016- Estimated)	\$1,011,891	\$1,011,891	\$97,672	\$204,563	\$269,743	\$271,929						
147	LATE RESPONSES												
148	Total Late Responses	0	0	0	0	0	0						
149	Total Days Late	0	0	0	0	0	0						
150	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
151	Total Defective Notices Received	0	0	0	0	0	0						
152	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
153	*fine amount is based on timely responses												
154	PROVISION OF SERVICES												
155	Delay of Service Notifications Sent (New)	2	0	4	4	3	3						
156	Continuing Delay Issues (Unresolved)	1	3	2	3	3	5						
157	Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0						

158	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0						
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Appeals:

The DIDD received 11 appeals in November compared to 10 received in October, which is a 10% increase in volume. Fiscal Year 2015 averaged 15.6 appeals received per month, indicating a 30% decrease in volume for the month of November based on this average.

The DIDD received 6682 service requests in November compared to 7253 for the previous month, which is a 7.9% decrease in volume. The average of service requests received during Fiscal Year 2015 was 7227 per month, indicating that November experienced a 7.5% decrease in volume based on this average.

4% of service plans were denied statewide in November, which is the same as the previous month. The average of service plans denied per month during Fiscal Year 2015 was 4.3%.

Directives:

No directives were received for this reporting month.

Cost Avoidance:

November experienced a cost avoidance of \$2,186.60. Statewide, total cost avoidance is \$271,929.46 for this fiscal year.

Sanction/Fines:

No sanctions to report this month.

Delay of Service:

See above.

F	Provider Qualifications / Monitoring (II.H., II.K.)
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

	Day and Residential Provider	Statewide				Cumulative / Statewide			
1	# of Day and Residential Providers Monitored this Month	11				141			
2	Total Census of Providers Surveyed	477				7315			
3	# of Sample Size	70				996			
4	% of Individuals Surveyed	15%				14%			
	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
7	Domain 2. Individual Planning and Implementation								
8	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	72%	27%	0%	0%	86%	13%	0%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	81%	9%	9%	0%	67%	31%	1%	0%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	45%	54%	0%	0%	61%	32%	4%	0%
12	Domain 3: Safety and Security								
13	Outcome A. Where the person lives and works is safe.	72%	27%	0%	0%	80%	18%	1%	0%
14	Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	94%	4%	0%	0%
###	Outcome C. Safeguards are in place to protect the person from harm.	63%	36%	0%	0%	53%	39%	5%	0%
16	Domain 4: Rights, Respect and Dignity								
17	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	99%	0%	0%	0%
19	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
20	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	66%	33%	0%	0%	75%	17%	5%	1%
21	Domain 5: Health								
22	Outcome A. The person has the best possible health.	63%	36%	0%	0%	68%	28%	2%	0%
23	Outcome B. The person takes medications as prescribed.	75%	25%	0%	0%	62%	31%	5%	0%
24	Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	90%	7%	2%	0%
25	Domain 6: Choice and Decision-Making								
26	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
27	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
28	Domain 7: Relationships and Community Membership								
29	Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
30	Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
32	Domain 8: Opportunities for Work								
33	Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	96%	2%	1%	0%
34	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	90%	9%	0%	0%	92%	7%	0%	0%
35	Domain 9: Provider Capabilities and Qualifications								
36	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	81%	18%	0%	0%	77%	18%	4%	0%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	45%	54%	0%	0%	60%	35%	4%	0%

	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	63%			36%	61%			38%
38	Outcome C. Provider staff are adequately supported.	72%	27%	0%	0%	72%	25%	2%	0%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	90%	9%	0%	0%	91%	6%	0%	1%
40	Domain 10: Administrative Authority and Financial Accountability								
41	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	45%	36%	9%	9%	40%	50%	8%	0%
42	Outcome B. People’s personal funds are managed appropriately.	33%	50%	16%	0%	38%	52%	9%	0%

	Personal Assistance	Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month	2				8			
44	Total Census of Providers Surveyed	3				179			
45	# of Sample Size	3				28			
46	% of Individuals Surveyed	100%				16%			
47	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
	Domain 2. Individual Planning and Implementation								
48	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	50%	50%	0%	0%	87%	12%	0%	0%
49	Outcome B. Services and supports are provided according to the person's plan.	50%	0%	50%	0%	62%	25%	12%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	50%	50%	0%	37%	50%	12%	0%
51	Domain 3: Safety and Security								
52	Outcome A. Where the person lives and works is safe.	50%	50%	0%	0%	75%	25%	0%	0%
53	Outcome C. Safeguards are in place to protect the person from harm.	0%	0%	50%	50%	37%	37%	12%	12%
54	Domain 4: Rights, Respect and Dignity								
55	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
56	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
57	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
58	Domain 5: Health								
59	Outcome A. The person has the best possible health.	50%	50%	0%	0%	62%	37%	0%	0%
60	Outcome B. The person takes medications as prescribed.					66%	0%	33%	0%
61	Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
62	Domain 6: Choice and Decision-Making								
63	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
64	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
65	Domain 9: Provider Capabilities and Qualifications								
66	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	75%	25%	0%	0%
67	Outcome B. Provider staff are trained and meet job specific qualifications.	0%	50%	50%	0%	25%	62%	12%	0%
68	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	0%			100%	25%			75%
69	Outcome C. Provider staff are adequately supported.	0%	50%	0%	50%	50%	37%	0%	12%
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	50%	0%	0%	50%	75%	12%	0%	12%
71	Domain 10: Administrative Authority and Financial Accountability								
72	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	62%	37%	0%	0%

I

Provider Qualifications / Monitoring (II.H., II.K.)

	ISC Providers	Statewide				Cumulative / Statewide			
73	# of ISC Providers Monitored this Month	11				11			
74	Total Census of Providers Surveyed	3195				3195			
75	# of Sample Size	269				269			
76	% of Individuals Surveyed	8%				8%			
77	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
78	Domain 1: Access and Eligibility								
79	Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.	100%	0%	0%	0%	100%	0%	0%	0%
80	Domain 2: Individual Planning and Implementation								
81	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
82	Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	100%	0%	0%	0%
83	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	81%	18%	0%	0%	81%	18%	0%	0%
84	Domain 3: Safety and Security								
85	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
86	Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	100%	0%	0%	0%
87	Outcome C. Safeguards are in place are in place to protect the person from harm.	100%	0%	0%	0%	100%	0%	0%	0%
88	Domain 9: Provider Capabilities and Qualifications								
89	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	90%	9%	0%	0%	90%	9%	0%	0%
90	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
91	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
92	Outcome C. Provider Staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
93	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	100%	0%	0%	0%
94	Domain 10: Administrative Authority and Financial Accountability								
95	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

I	Provider Qualifications / Monitoring (II.H., II.K.)								
	Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
96	# of Clinical Providers Monitored for the month	3				19			
97	Total Census of Providers Surveyed	531				1260			
98	# of Sample Size	29				114			
99	% of Individuals Surveyed	5%				9%			
100	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
101	Domain 2: Individual Planning and Implementation								
102	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	33%	33%	33%	0%	15%	36%	42%	5%
103	Outcome B. Services and supports are provided according to the person's plan.	66%	33%	0%	0%	78%	10%	5%	5%
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	33%	66%	0%	0%	26%	68%	0%	5%
105	Domain 3: Safety and Security								
106	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
107	Outcome C. Safeguards are in place to protect the person from harm.	66%	33%	0%	0%	68%	31%	0%	0%
108	Domain 4: Rights, Respect and Dignity								
109	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	94%	0%	5%	0%
110	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	66%	33%	0%	0%	60%	20%	13%	6%
111	Domain 6: Choice and Decision-Making								
112	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
113	Domain 9: Provider Capabilities and Qualifications								
114	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	57%	42%	0%	0%
115	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
116	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
117	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
118	Domain 10: Administrative Authority and Financial Accountability								
119	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	89%	10%	0%	0%

	Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
120	# of Clinical Providers Monitored for the month					3			
121	Total Census of Providers Surveyed					20			
122	# of Sample Size					8			
123	% of Individuals Surveyed					40%			
124	# of Additional Focused Files Reviewed					0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
127	Outcome B. Services and supports are provided according to the person's plan.					100%	0%	0%	0%
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					66%	0%	33%	0%
129	Domain 3: Safety and Security								
130	Outcome A. Where the person lives and works is safe.					50%	50%	0%	0%
131	Outcome C. Safeguards are in place to protect the person from harm.					33%	66%	0%	0%
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.					100%	0%	0%	0%
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.					66%	33%	0%	0%
137	Outcome B. The person takes medications as prescribed.					66%	33%	0%	0%
138	Outcome C. The person's dietary and nutritional needs are adequately met.					50%	50%	0%	0%
139	Domain 6: Choice and Decision-Making								
140	Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					66%	33%	0%	0%
143	Outcome B. Provider staff are trained and meet job specific qualifications.					66%	0%	33%	0%
144	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					66%			33%
145	Outcome C. Provider staff are adequately supported.					66%	0%	33%	0%
146	Domain 10: Administrative Authority and Financial Accountability								
147	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					33%	66%	0%	0%

	Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
148	# of Clinical Providers Monitored for the month	1				24			
149	Total Census of Providers Surveyed	544				1986			
150	# of Sample Size	15				157			
151	% of Individuals Surveyed	3%				8%			
152	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
153	Domain 2: Individual Planning and Implementation								
154	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	58%	41%	0%	0%
155	Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	33%	58%	8%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	37%	62%	0%	0%
157	Domain 3: Safety and Security								
158	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
159	Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	66%	29%	0%	4%
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	95%	0%	0%	4%
162	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					66%	0%	0%	33%
163	Domain 6: Choice and Decision-Making								
164	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	91%	4%	0%	4%
165	Domain 9: Provider Capabilities and Qualifications								
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	83%	12%	4%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	86%	13%	0%	0%
168	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	81%			18%
169	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	76%	17%	5%	0%
170	Domain 10: Administrative Authority and Financial Accountability								
171	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	75%	25%	0%	0%

QA Summary for QM Report (thru 12/15data)

Performance Overview- Calendar Year 2015 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	28%	23%	38%	91%	21%		29%
Proficient	43%	48%	12%	9%	37.0%	67%	46%
Fair	26%	26%	50%	N/A	37.0%	33%	21%
Significant Concerns	2%	3%	N/A	N/A	5%	N/A	N/A
Serious Deficiencies	1%	N/A	N/A	N/A	N/A	N/A	4%
Total # of Providers	206	141	8	11	19	3	24

Day / Residential Providers:

Analysis: Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Helping Hands of TN, Lakeway Achievement Center, Sunrise Community of TN; Middle- Beyond Care Living, Compassionate Care, Divine Supports, HCS Investors, New Horizons; West- CAK, Jump N 4 Joy, MCK Behavior Services.

East Region:

A-1 Independent Living Solutions, LLC: This was a consultative survey. The provider should focus efforts to ensure the following:

- the Incident Review Committee (IRC) meets at the frequency approved by DIDD;
- input is solicited from people supported and their families/conservators regarding how supports are planned and provided;
- an effective self-assessment process is implemented to monitor the quality and effectiveness of the supports and services;
- the Board of Directors provides active, effective and ethical guidance for the organization;
- members of the Board of Directors receive orientation and training sufficient to effectively discharge their duties;
- policies and procedures to manage and protect personal funds are developed and implemented in accordance with DIDD requirements;
- a quality improvement planning process is developed to address the findings of all self-assessment activities;
- and staff received appropriate training to meet the needs of the person.

Helping Hands of TN: The 2015 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2014 survey results, this is a 2-point decrease in compliance (52-Exceptional in 2014). This decrease in compliance was specific to issues identified in Domains 2 (SC-PC) and 3 (SC-PC), while improvements were noted in Domain 9 (PC-SC). The provider should focus efforts to ensure the following:

- services and supports are documented in accordance with the person’s plan;
- documentation of support plan implementation is monitored;
- the agency has implemented a system/process to ensure that employee-owned vehicles (used for transporting people receiving services) are inspected;
- proof of vehicle insurance for each staff is maintained;
- and staff receive ongoing supervision consistent with their job function.

No personal funds were reviewed at this agency.

Lakeway Achievement Center: The 2015 QA survey resulted in the agency receiving a score of 52. This places them in the Exceptional range of performance. Compared to their 2014 survey results, this is a 2-point increase in compliance (50-Proficient in 2014). This increase in compliance was specific to improvements identified in Domain 3 (PC-SC). Domain 10 remained partial across both surveys. The provider should focus efforts to ensure the following:

- the agency has a process/plan for administration of psychotropic medications on a PRN basis;
- the agency's Crisis Intervention Policy has been reviewed by the HRC;
- trends in medication variances are analyzed and prevention strategies are implemented;
- needed health care services and supports are provided;
- supports to promote opportunities for meaningful day activities are implemented;
- staff meet job-specific qualifications in accordance with the Provider Agreement;
- services are provided and billed in accordance with DIDD requirements;
- there is proper oversight and accounting of all personal funds;
- people only pay the appropriate fees and charges;
- personal funds and assets are monitored to ensure protection of financial status.

A recoupment letter in the amount of \$35.70 was sent to the provider on December 10, 2015. There were 5 days in June 2015 that the provider billed for CB Day when they should have billed In-Home Day services.

Personal funds reviewed: of the 6 accounts reviewed 3 contained issues. The agency should focus efforts to ensure the following:

- Bank signature cards are available;
- late fees are not incurred;
- there are no calculation errors on logs;
- ISPs reflect instances in which personal funds may be used to purchase food for others;
- descriptions of purchases are recorded on receipts;
- food stamp receipts are legible;
- receipts are maintained as required;
- current leases are available and vendor signatures are included on receipts as applicable.

Sunrise Community of TN, Inc.: The 2015 QA survey resulted in the agency receiving a score of 48. This places them in the Proficient range of performance. Compared to their 2014 survey results, this is a 8-point increase in compliance (40-Fair in 2014). This increase in compliance was specific to improvements identified in Domains 3 (PC-SC), 8 (PC-SC), 9 (PC-SC) and 10 (MC-PC). The provider should focus efforts to ensure the following:

- Nursing services and supports are identified in the ISP Action Plan;
- services and supports identified in Individual Support Plans are provided as authorized. This is a repeat issue (2.B.3);
- provision of services and supports are documented in accordance with the plan. This is a repeat issue (2.B.5);
- the ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan. This is a repeat issue (2.D.7);
- the agency's Crisis Intervention Policy has been reviewed by the HRC;
- incidents of staff misconduct are reviewed in accordance with approved guidelines and are resolved in a timely manner;
- needed health care services and supports are provided;
- medication administration records are appropriately maintained; staff meet job-specific qualifications in accordance with the Provider Agreement;
- services are provided and billed for in accordance with DIDD requirements;
- people only pay appropriate fees and charges.

A recoupment letter in the amount of \$6788.70 was sent to the provider on December 16, 2015. Issues were noted regarding the provision of 6 hours of billable activity and in one instance, the lack of supporting documentation relative to Supported Living Special Needs Adjustment. The agency has requested an Opportunity for Recoupment Review (ORR) of some of the findings.

Personal funds reviewed: of the 9 accounts reviewed 2 contained issues. The agency should focus efforts to ensure the following:

- receipts are maintained as required;
- late fees are not incurred;
- logs do not contain calculation errors;
- equitable splitting of food and supplies is documented;
- signatures on bank signature cards are legible and personal property inventories are maintained as required.

Middle Region:

Compassionate Care, Inc.- Day/Res, PA: Scored 54 Exceptional on the QA Survey.

- No Domains scored less than Substantial Compliance.
- Criminal Background checks and the State of Tennessee Registry checks were 100% compliant for the 16 new employees.
- Training for new and tenured staff was also 100% compliant.
- Minor billing issues were identified for one person due to lack of documentation for 2 days of PA services. Recoupment occurred.
- No issues were identified with the representative payee services provided.
- The agency was a 3 Star provider in 2014. The exit was held on December 16, 2015.

Divine Supports- Day/Res, PA: Scored 52 Exceptional on the QA Survey.

- Background and Registry Checks and new staff training were all 100% compliant for the 6 employees.
- Tenured staff training scored 100% compliant for the 3 tenured staff reviewed.
- Small billing issues were identified for 1 individual reviewed due to the lack of a second staff for two days and two days of CB Day services which did not have documentation of 6 hours of service provision.
- Small Personal Funds Management issues were identified for 3 out of 3 individuals reviewed due to the lack of maintenance of receipts and late fees.

Beyond Care (reviewed at December 2015 SQMC)- Day/Res, Nursing: Scored 42 Fair on the QA Survey.

- There was no process in place for monitoring emerging environmental issues at the residential site.
- Criminal Background and Offender Registries were completed with a compliance rating of 100% for the 7 new staff.
- Quarterly psychotropic medication reviews were not completed per requirements.
- Physician's orders were not in place in the Supported Living home.
- The agency had not developed a Self-Assessment or a Quality Improvement process.
- Protection from Harm training scored 70% compliant. All other training was 85.7% compliant or above. A Sanction Warning occurred.
- Supervisory visits were not completed per requirements for the Supported Living or Personal Assistance homes.
- There was no documentation of new Board member orientation.

Small billing issues were identified for CB Day and Supported Living services for one individual. The agency does not act as representative payee.

- New Horizons- Day/Res, Family Model, PA: Scored 38 Significant Concerns on the QA Survey.
- No Domains scored less than Partial Compliance.
- Issues identified included Risk Issues Identification Tools were not completed timely for several people and situations were identified where Monthly Reviews did not address all applicable Outcomes and were not completed in a timely manner.
- Issues with missing fire drill documentation at residential sites were identified.
- Fire drills for the Day Center for the past 4 months did not reflect evacuations times.
- A consistent process was not implemented to document the resolution of issues identified during the completion of unannounced supervisory visits.
- A new Complaints Coordinator was recently appointed. Prior to 9/30/2015 it was reported that no documentation in this area was available.
- A comprehensive process for trending medication variance data was not implemented.
- Criminal Background and the State of Tennessee registry checks were 97.9% compliant for the 48 new staff.
- Consent for psychotropic medications and restrictive interventions were not obtained or reviewed by the Human Rights Committee for three people in the survey sample.
- Several situations were identified in which physician's orders for medications were not maintained.
- Medication administration records were not available for a period of 4 months for one individual.
- Other situations were identified with medications not being administered as ordered, and medication changes not being implemented in a timely manner.
- Efforts were noted to complete audits of medical issues and personal funds; however other required portions of self-assessment activities were not completed.
- A quality improvement plan based upon the completion of all required self-assessment activities was not developed.
- Unannounced supervisory visits were not completed as required for the Supported Living and PA homes reviewed.
- New staff training was at or above 87.5% compliant for all models with the exception of Individual Specific Training which was 85.4% compliant. A sanction warning occurred.
- Tenured staff training was at or above 94.7% compliant for the 20 staff reviewed.
- Domain 10 scored Noncompliance due to systemic issues identified with billing for 10 of the 16 individuals reviewed. Issues included inadequate documentation for the billing of Employment, Community Based Day, Facility Based Day, Family Model, and Supported Living Services. This is a repeat issue. A referral to Risk Management is requested.
- Small personal funds management issues were identified for 3 of the 6 individuals reviewed. Issues included pest control fees being assessed and lack of maintenance of receipts.

HCS Investors- Day, PA: Scored 50 Proficient on the QA survey. No Domains scored less than Partial Compliance.

- Issues were identified with ISP Outcome documentation on the monthly review being verbatim from month to month, and all Outcomes not being consistently addressed.
- The Criminal Background and the State of Tennessee Registry Checks were 93.8% compliant for the 17 new employees.
- Training was 100% compliant for new staff, and 85.7% compliant for the 7 tenured staff reviewed.
- Billing issues were identified for 2 individuals reviewed due to lack of documentation of 6 hours of day services and billing for transportation when no outing occurred. The agency does not serve as representative payee for any individual.

All About Care- Day/Res: An initial consult was completed on December 22, 2015. All service requirements were reviewed with the agency. Concerns identified during the consult included: lack of a self-assessment policy, failure to document resolution of issues discovered during supervisory visits, late reporting for one incident, and no complaint resolution policy.

West Region:

MCK Behavior Services – Residential/Day provider scored 52 of 54/Proficient on the QA survey exited 12/3/15.

- No Domain or Outcome scored less than PC. Compared to their 2014 survey results, this is a 2-point increase in compliance (50-Proficient in 2014). This increase in compliance was specific to improvements identified in Domain 9 (PC-SC).
- Licenses for services reviewed and clinical staff credentials/approvals were present and current throughout the review period.
- QP items reviewed did not meet DIDD's benchmark of 86% for the 73 new/clinical staff for 3 of the 4 registry/list checks which scored 85.5%. A sanction for personnel practices was sent 1/5/16.
- Criminal background checks met DIDD's benchmark; however, some staff were assigned to work before a DIDD exemption request was submitted and/or decision was received. A sanction for prohibited staff was sent 1/6/16.
- Training reviewed for these new staff scored 86% or greater with the exception of 1 module; a sanction for staff training was sent 1/6/16.
- For a sample of 10 tenured staff, training was found to be present but not always completed timely.
- A review of personal funds reflected the provider is proactive in finding and making necessary reimbursements to the person.
- For 2 of 8 people reviewed, billing issues were identified during the months reviewed. A recoupment letter was sent 12/18/15.

Jump N 4 Joy – Single person Residential/Day provider scored 54 of 54/Exceptional Performance on its first full QA survey that exited 12/4/15;

- Only one Indicator was scored “no”.
- As a provider of services to one person, the provider's compliance with Commissioner's Directive to become licensed was verified.
- QP items reviewed scored 100% for the 2 new/clinical staff.
- Training reviewed for new staff scored 100%.
- For a sample of 4 tenured staff, training was present but not always completed timely.
- Neither the provider nor any paid staff was involved in management of the person's funds; thus, no review of personal funds was warranted.
- For the one person supported, no billing issues were identified during the months reviewed.

CAK – Single person Day/PA provider scored 54 of 54/Exceptional Performance on the QA survey exited 12/1/15.

CAK was a 4-Star provider for 2014.

- As a provider of services to one person, the provider's compliance with Commissioner's Directive to become licensed was verified.
- No staff had been hired within the past twelve months; for the two tenured staff, training reviewed scored 100%.
- For the one person supported, no billing issues were identified during the months reviewed.

Personal Care Services Midsouth – Consultation survey completed 12/7/15 for this provider of PA and Day services who was supporting one person at the time of the review.

- Issues noted included the need to develop a Crisis Intervention Policy and, as applicable, Cross-Systems Crisis Plans;
- complete all background and registry checks timely;
- ensure documentation is present to explain when the Incident Review Committee did not meet timely;
- ensure adequate policies are developed and implemented;
- ensure complete and timely training for all staff;
- continue development of the self-assessment and quality improvement planning processes;
- and ensure documentation of services provided contains all required elements.

Advocate Healthcare – Consultation survey completed 12/7/15 for this independent provider of Therapy services who was providing supports for 23 people at the time of the review.

- Issues noted included the need to write therapy goals in functional and measurable terms;
- use terminology that is recognized by DIDD;
- include in contact notes the goals/interventions addressed during the visit as well as the number of units of service provided;
- include in the monthly review information that reflects an objective measurement of the individual's status in relation to each goal in the POC as well as the status of any equipment needed;
- and complete the development of self-assessment processes.

Personal Assistance. East- No reviews, Middle- Nurturing Care Services, Sitters, Etc., West- No reviews.

Middle Region:

Sitters, Etc.- PA: Scored 30 Fair on the QA Survey. Domains 2, 3, and 9 scored Minimal Compliance.

- Issues were identified with the completion of Risk Issues Identification Tools, PA units not being provided due to lack of staff, Plans of Care not being available for implementation and staff not being familiar with the content of the Plans.
- Situations were identified in which the Monthly Reviews did not address all applicable outcomes and were not completed in a timely manner.
- An Incident Management Coordinator was not in place, nor was a Protection from Harm Policy reflective of DIDD requirements.
- A blank Reportable Incident form or contact information for the DIDD Office of Investigations were not available.
- No Incident Management meetings were conducted.
- The State of Tennessee registry and criminal background checks were not completed timely for the 5 new employees (60% compliant). A sanction warning occurred.
- The agency had no documentation of self-assessment activities or a quality improvement plan based upon the self-assessment data.
- A supervision plan was not in place, and consistent process for completing unannounced supervisory visits was not implemented.
- New employee training was 80% compliant for Protection from Harm, 75% compliant for CPR, First Aid, Relationships and Community Memberships, and Safety and Risk Management, 0% compliant for Individual Specific Training, and Fire Safety Training. All other modules were 100% compliant. A sanction warning occurred.
- Isolated billing issues were identified.

Nurturing Care Services, LLC- PA: Scored 34 Fair on the QA Survey.

- No Domains scored less than Partial Compliance.
- Issues were identified with Monthly Reviews being dated prior to the end of the month's service, supervisory visits not documented for 4 months and the PA in the home was not aware of reporting procedures for incidents.
- Outcome 3C scored Minimal Compliance due to background and registry checks not being completed timely for the 2 new staff. A sanction warning occurred.
- The Incident Management Committee did not meet per requirements.
- There was no physical or dental in the record.
- Training was not completed timely with the exception of CPR, First Aid and Individual Specific Training.
- The agency was sanctioned during the Initial Consult.
- A quality assurance process was not in place and the Advisory Committee did not meet per DIDD requirements.
- No billing issues were identified. The agency does not serve as representative payee.

ISC Providers: Providers reviewed: East- ARC of Hamilton County, Engstrom Services; Middle- ARC of Davidson County, BGC, Compass Coordination, Direct Access Coordination, Tennessee Community Services Agency; West- Compass Coordination, Engstrom Services, Miracles Network Agency, Quality Care Support Coordination of West TN.

East:

Engstrom Services: The 2015 QA survey resulted in the agency receiving a score of 30. This places them in the Exceptional range of performance. This is the same score they received on their 2014 QA survey.

ARC of Hamilton: The 2015 QA survey resulted in the agency receiving a score of 30. This places them in the Exceptional range of performance. This is the same score they received on their 2013 QA survey

Middle:

Arc of Davidson- ISC: Scored 30 Exceptional. No Domains scored less than Substantial Compliance. The State of Tennessee Background and Registry Checks and training were 100% compliant for the 7 new employees. No issues were identified.

Direct Access- ISC: Scored 30 Exceptional. No Domains scored less than Substantial Compliance. No new employees were hired during the past year. No issues were identified.

TN-CSA- ISC: Scored 28 Proficient due to the requirement that a score of Substantial must be obtained in Domain 9. No Domains scored less than Partial Compliance. No new employees were hired during the past year. The agency had not established a Quality Improvement Plan.

Compass- ISC: Scored 30 Exceptional. No Domains scored less than Substantial Compliance. No new employees were hired during the past year. No issues were identified.

BGC- ISC: Scored 30 Exceptional. No Domains scored less than Substantial Compliance. The State of Tennessee Background and Registry Checks and training were 100% compliant for the 7 new employees. No issues were identified.

West:

Quality Care Support Coordination – Support Coordination provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/8/15.

- No indicator was scored “no”.
- The 2015 Individual HCBS waiver review sample included two people supported by the provider. Less than 100% compliance with Performance Measures by the ISC agency was noted relative to timely completion of the Risk Analysis and Planning Tool for 1 person.
- Compared to their 2014 survey results, this is a 2-point increase in compliance (28-Proficient in 2014) specific to improvement identified in Domain 3 (PC-SC).
- As a provider of Support Coordination services, the provider's compliance with Commissioner's Directive to become licensed was verified.
- QP items reviewed met DIDD's benchmark of 86% for the 1 new ISC. Training audit findings indicated no issues with competency and timeliness per DIDD guidelines.
- For the sample of 2 people, no billing issues were identified.

Miracles Network Agency – Support Coordination provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/2/15.

- No indicator was scored “no”.
- The 2015 Individual HCBS waiver review sample included seven people supported by the provider. Less than 100% compliance with Performance Measures by the ISC agency was not evident for people in the sample.
- Miracles Network Agency was a 4-Star Provider in 2014.
- As a provider of Support Coordination services, the provider's compliance with Commissioner's Directive to become licensed was verified.
- No staff were hired in the past 12 months.
- For the sample of 7 people, no billing issues were identified.

Engstrom Services – Support Coordination provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/2/15.

- No indicator was scored “no”.
- The 2015 Individual HCBS waiver review sample included 34 people supported by the provider. Less than 100% compliance with Performance Measures by the ISC agency was noted relative to timely completion of the Risk Analysis and Planning Tool for 1 person.
- Compared to their 2014 survey results, this is a 2-point increase in compliance (28-Proficient in 2014) specific to improvement identified in Domain 3 (PC-SC).
- As a provider of Support Coordination services, the provider's compliance with Commissioner's Directive to become licensed was in process.
- QP items reviewed met DIDD's benchmark of 86% for the 2 new staff. Training audit findings indicated no issues with competency and timeliness per DIDD guidelines although both had been employed less than 120 days and their training still was in process.
- For the sample of 34 people, no billing issues were identified.

Compass Coordination – Support Coordination provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/7/15.

- No indicator was scored “no”.
- The 2015 Individual HCBS waiver review sample included 68 people supported by the provider. Less than 100% compliance with Performance Measures by the ISC agency was noted relative to accurate completion of the Freedom of Choice form (97%); providing written information about available services and qualified providers (97%); and ensuring a uniform needs assessment and RAPT were available for plan development (97%).
- Compared to their 2014 survey results, this is a 2-point increase in compliance (28-Proficient in 2014) specific to improvement identified in Domain 3 (PC-SC).
- As a provider of Support Coordination services, the provider's compliance with Commissioner's Directive to become licensed was verified.
- QP items reviewed met DIDD's benchmark of 86% for the 1 new staff. Training audit findings indicated no issues with timely completion of training by new staff.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral ProvidersProviders reviewed: East- Columbus Medical Services; Middle- no reviews; West- Behavior and Counseling Services, Brooke Berkowitz.

East:
Columbus Medical Services, LLC : The 2015 QA survey resulted in the agency receiving a score of 36. This places them in the Exceptional range of performance. This is the same score they received on their 2013 QA survey.

West Region:
Behavioral & Counseling Services – Behavior provider scored 30 of 36/Fair on the coordinated QA survey, covering both West and Middle regions, exited 12/10/15.

- Domain 2 and Outcome 2A (BSARs, Annual Updates and BSPs) scored MC; all other Domains and Outcomes scored PC or greater.
- Compared to their 2014 survey results, this is an 8-point increase in compliance (22-Significant Concerns in 2014). This increase in compliance was specific to improvements identified in Domains 2 (NC-MC), 3 (PC-SC), 9 (PC-SC), and 10 (PC-SC). Comparison of all Domain 2 scores from 2014 to 2015 include (improvements highlighted):

Domain 2:	NC – MC
Outcome 2A:	NC – MC
Indicator 2A4 (Behavior Assessments; Annual Updates)	N – N
Indicator 2A5 (BSPs)	N – N
Outcome 2B	NC – PC
Indicator 2B2 (Plan implemented timely)	N – N
Indicator 2B3 (Person receives authorized services)	N – Y
Indicator 2B5 (Documentation supports provision of services)	N – Y
Outcome 2D	NC – PC
Indicator 2D6 (CSMRs and CSQRs)	N – N
Indicator 2D7 (Need for plan revision reported to ISC)	N – Y

- Clinical staff approvals were present and current throughout the review period.
- QP and training items reviewed scored 100% for the one new clinician.
- For the sample of 10 people, no billing issues were identified during the months reviewed.

Brooke Berkowitz – Independent provider of Behavior services scored 36 of 36/Exceptional Performance on the QA survey exited 12/14/15.

- The only Indicator scored “no” was 2D6 regarding the content of CSMRs and CSQRs.
- Compared to the 2014 survey results, this is a 2-point increase in compliance (32-Proficient in 2014) specific to improvements identified in Domain 2 (PC-SC).
- Clinical staff’s approval was present and current throughout the review period.
- For the sample of 4 people, no billing issues were identified during the months reviewed.

Nursing Providers:

Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

Therapy Providers:

Providers reviewed: East- Summit View Health Services; Middle- no reviews; West- no reviews.

East Region:
Summit View Health Services: The 2015 QA survey resulted in the agency receiving a score of 34. This places them in the Proficient range of performance. Compared to their 2014 survey results (36-Exceptional), this is a 2 point decrease in compliance. The decrease in compliance was specific to issues identified in Domain 2 (SC-PC). The agency should focus efforts to ensure:

- Nutrition services are implemented in a timely manner. This is a repeat issue (2.B.2);
- actions are taken to address problems in service delivery;
- plans are monitored for implementation, the provider has a system for verifying the delivery of authorized services and supports.

Middle:
Tanya Gibbs- Clinical/Speech: An initial consult was completed on December 3, 2015. DIDD requirements were reviewed with the provider. No major issues were identified during the consult.

Follow-up on actions taken:
All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final

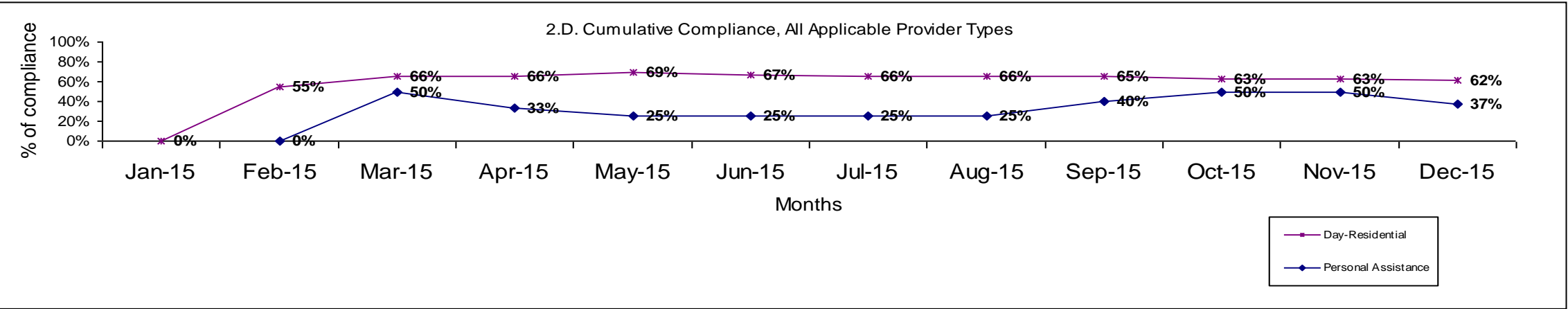
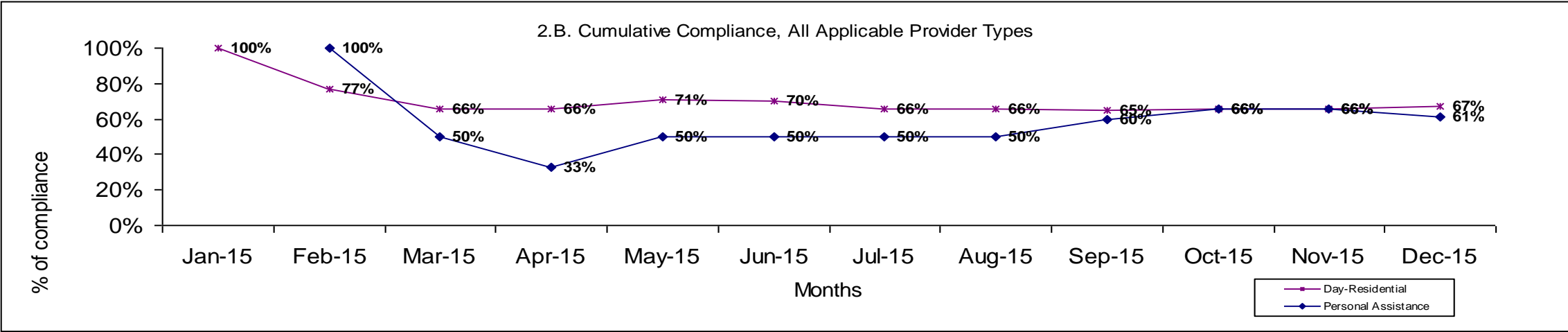
Special Reviews

Current Month:

Domain 2, Outcome B (Services and Supports are provided according to the person’s plan.)

Domain 2, Outcome D (The person’s plan and services are monitored for continued appropriateness and revised as needed.)

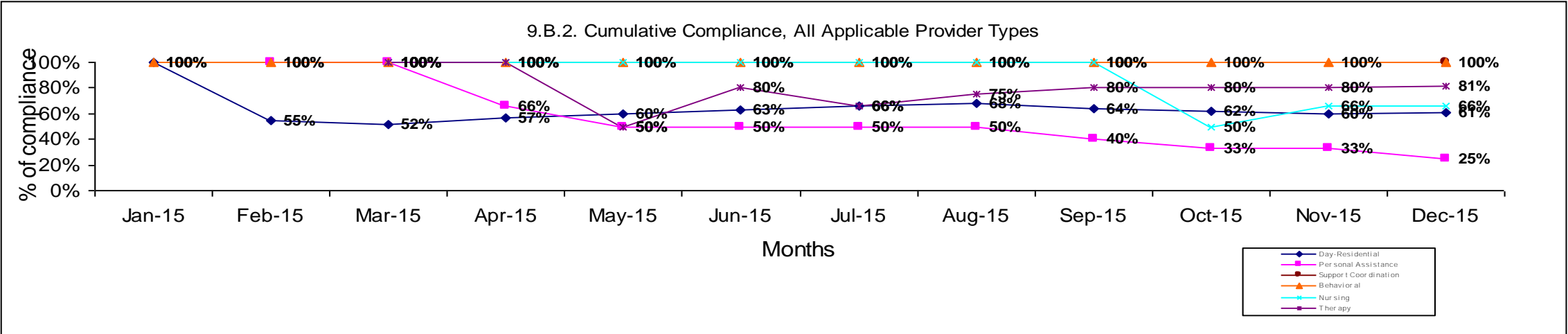
Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	81%	45%
Personal Assistance	50%	0%



Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	63%
Personal Assistance	0%
Support Coordination	100%
Behavioral	100%
Nursing	N/A
Therapy	100%



F Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds

Data Source:

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Personal Funds - East	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
1	# of Individual Personal Funds Accounts Reviewed		6	8	19	13	22	25	14	27	25	10	15
2	# of Individual Personal Funds Accounts Fully Accounted For		4	3	13	6	8	19	8	14	8	6	10
3	# of Personal Funds Accounts Found Deficient		2	5	6	7	14	6	6	13	17	4	5
4	% of Personal Funds Fully Accounted for		67%	38%	68%	46%	36%	76%	57%	52%	32%	60%	67%
5	% of Personal Funds Found Deficient		33%	63%	32%	54%	64%	24%	43%	48%	68%	40%	33%

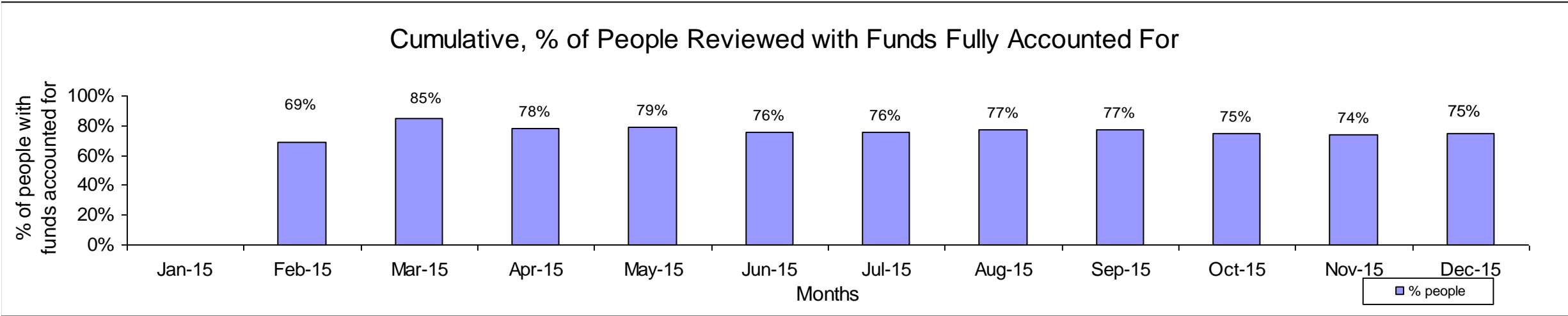
	Personal Funds - Middle	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
6	# of Individual Personal Funds Accounts Reviewed		20	20	12	28	16	17	27	13	19	17	6
7	# of Individual Personal Funds Accounts Fully Accounted For		14	20	8	27	13	11	24	13	12	14	6
8	# of Personal Funds Accounts Found Deficient		6	0	4	1	3	6	3	0	7	3	0
9	% of Personal Funds Fully Accounted for		70%	100%	67%	96%	81%	65%	89%	100%	63%	82%	100%
	% of Personal Funds Found Deficient		30%	0%	33%	4%	19%	35%	11%	0%	37%	18%	0%

	Personal Funds - West	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
11	# of Individual Personal Funds Accounts Reviewed			19	12	16	22	9	18	18	17	20	6
12	# of Individual Personal Funds Accounts Fully Accounted For			17	12	13	19	9	17	18	17	12	6
13	# of Personal Funds Accounts Found Deficient			2	0	3	3	0	1	0	0	8	0
14	% of Personal Funds Fully Accounted for			89%	100%	81%	86%	100%	94%	100%	100%	60%	100%
15	% of Personal Funds Found Deficient			11%	0%	19%	14%	0%	6%	0%	0%	40%	0%

	Personal Funds - Statewide	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
16	# of Individual Personal Funds Accounts Reviewed		26	47	43	57	60	51	59	58	61	47	27
17	# of Individual Personal Funds Accounts Fully Accounted For		18	40	33	46	40	39	49	45	37	32	22
18	# of Personal Funds Accounts Found Deficient		8	7	10	11	20	12	10	13	24	15	5
19	% of Personal Funds Fully Accounted for		69%	85%	77%	81%	67%	76%	83%	78%	61%	68%	81%
20	% of Personal Funds Found Deficient		31%	15%	23%	19%	33%	24%	17%	22%	39%	32%	19%

	Cumulative Funds Data	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
21	# of Individual Personal Funds Accounts Reviewed		26	73	116	173	233	284	343	401	462	509	536
22	# of Individual Personal Funds Accounts Fully Accounted For		18	58	91	137	177	216	265	310	347	379	401
23	# of Personal Funds Accounts Found Deficient		8	15	25	36	56	68	78	91	115	130	135
24	% Funds Accounted for, Cumulatively		69%	79%	79%	79%	76%	76%	77%	77%	75%	74%	75%
25	% Funds Deficient, Cumulatively		31%	21%	22%	21%	24%	24%	23%	23%	25%	26%	25%

Region	% of Personal Funds Fully Accounted For
East	67%
Middle	100%
West	100%
Statewide	81%



Analysis:
The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.

See references under provider summaries above.

Follow-up action taken from previous reporting periods:
The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.